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BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (303) 740-1980
INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025
FACSIMILE: (303) 740-6962

FACSIMILE COVER SHEET

Deliver to: Do, Chat C., USPTO
Art Group: 2193
Facsimile No.: (571) 273-8300
Date: September 19, 2006
From: Ashley R. Ott, Reg. No. 55,515
Our Docket No.: 42390P11127
Number of pages 18 including this sheet.
Application No.: 10/062,143
Filing Date: 1/31/2002
Docket Due Date(s): 9/19/2006

Enclosed are the following documents:

☒ Amendment: Response (14 pgs)	☐ Issue Fee Transmittal
☐ Appeal Brief (pgs)	☐ Notice of Appeal
☐ Application:	☐ Petition for:
(pgs) w/cover & abstract)	☐ Request for Continued Examination (RCE)
☐ Assignment & Cover Sheet (pgs)	☐ Reply Brief (pgs)
☒ Certificate of Facsimile	☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)
☐ Continued Prosecution Application (CPA)	☐ Request to Rescind Previous Nonpublication Request
☐ Declaration & POA (pgs)	☐ Response to Notice of Missing Parts & Formalities Letter
☐ Drawings: sheets, figures	☐ Response to Written Opinion (pgs)
☐ Extension of Time:	☐ Terminal Disclaimer
☒ Fee Transmittal (in duplicate)	☐ Transmittal of Publication Fee Due
☐ IDS & PTO/SB/08 (pgs)	☒ Transmittal Letter
☐ Other	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Pat Sullivan 9/19/2006
Pat Sullivan *Date*

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/062,143
Filing Date	January 31, 2002
First Named Inventor	Gad S. Sheaffer
Art Unit	2193
Examiner Name	Do, Chat C.
Total Number of Pages in This Submission	18
Attorney Docket Number	42390P11127

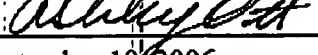
ENCLOSURES *(check all that apply)*

- [x] Fee Transmittal Form
  - [ ] Fee Attached
- [x] Amendment / Response
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [ ] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
  - [ ] PTO/SB/08
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Missing Parts/ Incomplete Application
  - [ ] Basic Filing Fee
  - [ ] Declaration/POA
- [ ] Response to Missing Parts under 37 CFR 1.52 or 1.53
- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s)
  - [ ] Landscape Table on CD
- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [x] Other Enclosure(s) *(please identify below):*

Facsimile Transmittal Sheet

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 19, 2006

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Signature		Date	September 19, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 11/30/2005.
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT ($) 0.00

Complete if Known	
Application Number	10/062,143
Filing Date	January 31, 2002
First Named Inventor	Gad S. Sheaffer
Examiner Name	Do, Chat C.
Art Unit	2193
Attorney Docket No.	42390P11127

METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

			Extra Claims		Fee from below	=	Fee Paid
Total Claims	30	- 30* =	0	x	50.00	=	$0.00
Independent Claims	3	- 3* =	0	x	200.00	=	$0.00
Multiple Dependent						=	

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) ($) 0.00

2. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)				Request for Continued Examination	

SUBTOTAL (2) ($)

*or number previously paid, if greater, For Reissues, see below

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	09/19/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Complete if Known	
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Examiner Name	Do, Chat C.
Art Unit	2193
Attorney Docket No.	42390P11127

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☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

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FEE CALCULATION

1. EXTRA CLAIM FEES

			Extra Claims		Fee from below	=	Fee Paid
Total Claims	80	- 30* =	0	x	50.00	=	$0.00
Independent Claims	3	- 3* =	0	x	200.00	=	$0.00
Multiple Dependent						=	

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Signature				Date	09/19/06

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Our Docket No.: 42P11127

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Sheaffer — Examiner: Do, Chat C.

Application No.: 10/062,143 — Art Group: 2193

Filed: January 31, 2002

For: Multiply-Accumulate Accelerator with Data Re-Use

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 19, 2006, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

September 19, 2006
Date of Transmission

Pat Sullivan
Name of Person Transmitting Correspondence

Pat Sullivan
Signature

09/19/2006
Date

PAGE 5/18 * RCVD AT 9/19/2006 12:53:03 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/15 * DNIS:2738300 * CSID:303 740 6962 * DURATION (mm-ss):08-16